Teaching Outline and Resource Guide

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Alberta
HEALTH AND WELLNESS

Introduction

Awareness is vital to prevent Sexually Transmitted Diseases (STD). This guide has been developed to assist educators involved in the presentation of basic STD information to students and similar groups. The information compiled in this guide is intended to support the efforts of educators to increase awareness of STD.

For additional information and/or assistance contact the Sexual Health Program at your local Public Health Centre.

Acknowledgement

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Concepts

STD and other communicable diseases have been with us since ancient times and they remain a major worldwide public health problem. Once called venereal disease (VD), the term STD is used now to reflect a broader scope of disease. The term (STI) or sexually transmitted infection is also used in some of the literature.

Health is considered both a right and a desirable state in our society. Communicable (infectious) diseases such as STD pose a threat to the health of both individuals and communities. STD cause numerous physical, emotional and social problems. Undetected and untreated STD can produce serious long-term complications that affect an individual's physical and emotional health.

Reducing new cases of STD can be achieved through the combined efforts of individuals, health professionals, communities and government working together to:

- increase each person's knowledge of STD
- encourage individuals to make appropriate personal decisions to avoid or reduce the spread of STD
- provide adequate diagnosis and treatment of STD
- improve comprehensive education programs, resources and services to communities
- enforce legislation related to STD under Alberta's Public Health Act

To make informed decisions that will protect their health, people need:

- knowledge of STD
- an awareness of risky behaviours so that they can begin developing prevention skills
- to develop skills and increase knowledge of prevention methods
- easy access to appropriate community resources

Using this guide

The STD Teaching Outline and Resource Guide is a comprehensive resource that can be adapted for use with a variety of learners.

The content of the guide assumes that students have a prior understanding of the following:

- the structure and basic functions of the male and female reproductive systems
- germ theory (including how germs are transmitted)
- the physical and emotional maturation process
- human sexuality and self-awareness
- the decision-making process
- their own value system as well as the values of those who live in their community

Experience and research has shown that STD information is most effectively taught within the context of a sexuality or health curriculum.

Before the topic of STD is introduced within a school setting, parents should be offered the opportunity to hear, see and discuss the material intended for their children. Reviewing the resources often facilitates positive discussion among family members. The comments of parents often make STD education more effective.

Learning Objectives

After learners have completed the program outlined in this guide, they will be able to:

- identify reasons why learning about STD is important
- define what a sexually transmitted disease is
- list the most common STD
- describe STD as communicable diseases
- define transmission of STD
- explain the cause of STD (germ theory)
- identify the most common symptoms and signs of STD
- recognize that STD often have no symptoms and signs
- discuss the physical and psychological long term effects of STD
- describe testing methods and disease management
- acknowledge the importance of confidential diagnosis and treatment of STD
- describe the rationale for partner notification
- know where help is available in your community
- list risk behaviours for acquiring STD
- identify choices and methods of STD prevention
- identify common myths and misconceptions about STD
- describe the social impact of STD

Teaching Tips

Creating a more comfortable learning atmosphere for the educator and the learners helps everyone to focus on the positive aspects of human sexuality and encourages healthy personal decision making.

Those who teach sexuality courses say they have had the most success when they:

- are aware of their own attitudes and values about sexuality
- remain open and sensitive to the attitudes and values of the learners
- use ground rules consistently
- try not to label any view as right or wrong
- freely admit, "I don't know the answer to that question, but I can find out."
- provide factual, reliable and current information
- observe cultural differences
- accept street language but take the opportunity to teach correct terminology
- invite participation through discussion or by devoting time to questions
- know other sources of information and refer learners appropriately
- accept that it is okay for everyone to be occasionally embarrassed when talking about sexuality
- use humour appropriately

Ground Rules

Using ground rules helps to create an atmosphere of trust and comfort for you and your learners. Ground rules are most effective when they are discussed and developed by the group before the session. The rules could be posted or provided on paper for each learner.

Here are suggested ground rules to get you started.

- **We have personal boundaries that must be respected**
- **We have the right to pass**
- **We have the right to our own beliefs and opinions**
- **We are responsible for our own learning**
- **Our questions or comments will be respected, taken seriously and kept confidential**

Order of Instruction

The content of this outline is comprehensive and designed for an 80 minute instruction period but may be adapted to suit other time frames. By modifying the outline, approach and activities, it can be used for students in grades 7 to 12, or with adult programs.

- why it is important to learn about STD
- defining STD
- common STD
- germ theory
- symptoms and signs
- complications
- where to go for information and help
- managing STD
- preventing STD
- social impact

Note: Transparency masters are provided at the back of the Resource Guide.

Why it is important to learn about STD

STD are a concern for everyone. Accurate and factual information will dispel myths and give you the chance to make informed decisions about how to protect your own health.

The facts are that:

- anyone who is sexually active can get a STD
- STD are preventable
- STD are a problem in Alberta, particularly among young people 15 to 24 years of age (Sexually Transmitted Diseases in Alberta, Epidemiological Report to December 1997)
- many STD have no symptoms
- STD can cause individuals to suffer from illness, pain, infertility, loss of work time, financial loss and emotional distress
- for every individual with a STD, there are costs for society including a need for increased health care and a loss of productivity

Defining STD

STD are a group of diseases transmitted through sexual contact, including sexual intercourse and/or intimate contact with the genitals, mouth and/or rectum. Some STD are also transmitted through blood.

Common STD

Caused by bacteria

- Bacterial vaginosis *
- Gonorrhea
- Non-gonococcal urethritis (NGU)
- Chlamydia
- Mucopurulent cervicitis (MPC)
- Syphilis

Caused by viruses

- Genital herpes
- HIV infection *
- Genital warts
- Hepatitis B *

Caused by fungi

- Yeast *

Caused by protozoa

- Trichomoniasis

Caused by parasites

- Crabs *
- Scabies *

**these can be acquired in ways other than sexually*

Germ Theory

STD are communicable (infectious) diseases resulting from microorganisms or germs that invade the body. They grow and reproduce in susceptible tissue (mucous membranes) where the conditions are warm, moist and dark or in the blood system. Each STD is caused by a distinct and separate organism: bacteria, virus, fungus or protozoa.

The areas surrounded or lined by mucous membrane are susceptible sites for STD transmission. These sites include the cervix, vagina, urethra, mouth, throat, rectum and conjunctiva.

STD germs cannot live or reproduce on inanimate objects such as toilet seats, eating utensils or in swimming pools.

STD such as chlamydia or gonorrhea are spread when there is direct contact between the infected mucous membrane of one person and the uninfected mucous membrane of another, allowing the germs to move between the two sites.

Some STD such as hepatitis B, HIV and syphilis, can also be transmitted by exchange of infected body fluids such as blood, semen and vaginal secretions.

STD such as crabs and scabies do not require mucous membrane contact to be spread.

A pregnant woman can transmit some STD to her baby during pregnancy or at birth.

When germs invade a mucous membrane or the blood system, the body usually responds with symptoms and signs. However, sometimes there might be no visible symptoms and signs but the germs are still present and can be transmitted to others.

Symptoms and Signs

Symptoms and signs of a STD in both females and males may include:

- redness, swelling and/or discharge from the infected area
- a burning sensation
- itching
- sores, rashes and bumps

Both males and females may be asymptomatic, meaning they have no symptoms. If an individual is asymptomatic, they are still infectious and capable of transmitting the STD.

Both males and females can be asymptomatic.

Females might have:

- an abnormal vaginal discharge. A normal vaginal discharge is usually a small amount of clear, whitish fluid. An abnormal vaginal discharge is when there are changes in colour, texture, amount and odour.
- lower abdominal pain

Douching or using feminine hygiene products is not recommended. These products might upset the vaginal environment and mask symptoms of infection.

Males might have:

- a urethral discharge. The discharge may be clear or yellow and occur intermittently or continuously
- pain in their testicles

Complications

When STD caused by bacteria and viruses are not treated, the results could be:

- transmission to a sex partner
- female infertility
- pelvic inflammatory disease (PID) or chronic pelvic pain
- tubal pregnancies
- male infertility or reduced sperm count
- arthritis
- psychological problems such as anxiety, depression, anger, fear and embarrassment

STD caused by bacteria can be treated with prescription medicine and cured. The medication is not a vaccine and does not protect against getting future STD. Usually there are no long-term consequences. However, sometimes complications that have occurred prior to treatment cannot be reversed. For example: infertility.

In addition, STD caused by viruses, can result in the following:

- recurring periods of infectiousness
  For example, genital herpes
- being continuously infectious
  For example, HIV infection
- cervical/genital cancers
  For example, human papilloma virus
- chronic liver disease
- psychological problems, such as anxiety, depression, anger, fear and embarrassment
- chronic or terminal illness

Where to go for information and help

- Sexual health centre
- STD Clinic
- Parent(s)/Legal guardian(s)
- Teacher
- Peer educator
- Teen clinic
- Doctor
- School nurse
- School counsellor
- STD/HIV information 1-800-772-2437

Managing STD

To protect individual and public health, managing STD require five distinct activities: diagnosis, treatment, follow-up care, partner notification and prevention education.

DIAGNOSIS

Most often, one or more tests are used to diagnose STD because symptoms can be similar or a person may be asymptomatic. These tests might include:

- physical and genital examinations
- smears
- cultures
- blood tests
- urine tests

There is no cost to the individual to have STD testing done. All laboratory tests and results are kept confidential.

TREATMENT

Most bacterial STD can be cured with prescription medicine. In Alberta, medication for notifiable STD are provided free of charge. Viral STD cannot be cured, but personal and medical care can ease the effects of living with the disease. Having had a STD and being cured does not provide any natural immunity. At this time there is no immunization to prevent STD except for hepatitis B. Research continues in the development of other vaccines and treatments.

FOLLOW-UP CARE

Follow-up care means returning to the health care provider or the doctor. This return visit is to have further tests done to make sure the infection is cured. It also ensures that the individual will receive appropriate ongoing treatment and care if required.

PARTNER NOTIFICATION

If an individual has a STD it is important that their sexual partner(s) be notified of their risk to ensure that they also receive proper treatment and prevent further spread of infection. For notifiable diseases individuals can choose to notify their partner(s) personally or it will be done through the partner notification nurse or by their doctor. Information shared with the doctor or partner notification nurse will be kept confidential.

PREVENTING STD

An individual can personally control the spread of STD by making a choice to:

- abstain temporarily or permanently from sexual intercourse or other risky behaviours
- delay any sexual activity until both partners feel ready and able to make healthy choices about protection
- maintain a mutually monogamous relationship with a partner who does not have a STD
- consistently follow safer sex practices

There are some common misconceptions about safer sex. These include:

"People who look healthy don't have STD."

The truth is that a person can look healthy and have an asymptomatic STD.

"In a new relationship, partners don't have to practice safer sex because they were tested for STD and the results were negative."

The truth is some STD infections do not immediately appear in test results; for example, the HIV antibody test will not show positive results until three to six months after a person is infected.

"People who have a regular sex partner don't need to use condoms."

The truth is that a person might be monogamous, but their partner might have unprotected sex with other people.

Practicing safer sex will help to maintain or improve sexual health. If someone suspects they have been exposed to a sexually transmitted disease or they are worried about STD they should do the following:

- seek testing and medical treatment at a STD clinic, or from a doctor or health centre.
- avoid any sexual contact until treatment is completed and any follow-up examination is done.
- inform partner(s) of any infection and encourage them to seek treatment. Prompt examination and treatment of a partner(s) can avoid re-infection and further spread of STD.

If individuals choose to have vaginal, anal or oral sex, a condom or barrier should be used properly each and every time to reduce the risk of infection.

High-risk activities such as vaginal or anal sex without a condom should be avoided. Sex toys should not be shared and if shared should be washed thoroughly.

About Condoms

Condoms when used consistently and properly, minimize the risk of getting most STD. The condom acts as a barrier and blocks germs from passing from one person to another. It is most effective when put on before any genital contact occurs. However, even if used properly, condoms do not provide 100% protection. Infection can happen if sores or warts are located on an area of the genitals that the condom does not cover.

The Male Condom

- use a condom each time you have sex.
- put condoms on before any genital touching or body rubbing.
- use condoms made of latex. Do not use condoms made of "natural" membrane because STD germs can travel through tiny pores in natural membrane condoms.
- some condoms are prelubricated with a spermicide. Spermicides provide extra protection against some STD germs. However, spermicides can cause vaginal and rectal irritation that makes it easier for STD/HIV germs to cause infection. For this reason, condoms containing a spermicide should be used only if vaginal irritation does not occur. They should not be used for rectal sex. In these cases, condoms without a spermicide should be used.
- if a lubricant is needed use one that is water soluble (e.g. K-Y Jelly or Astroglide). Do not use oil-based lubricants like Vaseline, baby oil or vegetable oil because they damage latex condoms.
- read the instructions in the condom package about proper use. You may want to practice to feel comfortable using them.
- check the expiry date.
- keep condoms in a cool, dry place. Don't carry them in a wallet in your back pocket.
- don't test condoms by stretching or inflating them. All are inspected prior to sale.
- discard condoms in the garbage rather than flushing them down the toilet.
- some people are allergic to latex and should see their health care provider for information on how to deal with this.

The Female condom

A female condom is now available in Canada. It is made of polyurethane and is shaped like a pouch. The female condom acts as a barrier and blocks germs from passing from the sexual organs of one person to those of another. When it is used consistently and properly for vaginal intercourse it provides protection to prevent the transmission of STD. Like the male condom, a new female condom is used each time you have sex. It is available in drugstores. For more information about the female condom ask your health care provider or staff at the STD clinic.

SOCIAL IMPACT

Along with the physical and psychological consequences of STD on individuals, there are also issues, which have an impact on society.

These include:

- the financial costs of medical and social care
- loss of productive life years
- cost of research to develop new testing, treatments and vaccines
- cost of medical care and research in dealing with the long term effects. For example, infertility
- the responsibility to provide health promotion and education for STD prevention
- dealing with differing attitudes and values related to sexuality, sexism, stereotyping, men's and women's health concerns and sexual orientation
- the balance of individual rights and public good

Bacterial Vaginosis

Bacterial Vaginosis is not always sexually acquired.

Causative Organism

- mixed vaginal flora containing vaginal aerobic and anaerobic bacteria
- the natural balance of the vaginal flora is upset, allowing aerobic and anaerobic bacteria to overgrow

How do you get it?

- it is not always sexually acquired but it is often associated with sexual activity
- unknown factors can cause the imbalance or overgrowth of the female's normal vaginal flora resulting in this infection

Incubation Period

- unknown

Symptoms

- females will have a grey-to-white vaginal discharge with a "fishy" odour which is often more noticeable after sexual intercourse
- infection rarely occurs in men

Complications

Has been associated with the following:

- preterm labour and delivery
- PID

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take laboratory tests

Management

- take medication as prescribed
- treatment is not necessary if asymptomatic (unless pregnant)
- male partner(s) generally not treated

Other Important Information

- some factors that can trigger bacterial vaginosis are menstruation, sexual activity and douching.

Chlamydia

Up to 50% of males with chlamydia can be asymptomatic.

Up to 70% of females with chlamydia can be asymptomatic.

Causative Organism

- *Chlamydia trachomatis* (bacteria)

How do you get it?

- during vaginal or anal sexual intercourse with an infected partner

Incubation Period

- usually 2 to 6 weeks but can be longer

Symptoms

Males might have:

- pain during urination
- urethral discharge, often clear in colour and intermittent
- urethral irritation or itch
- no symptoms (up to 50% can be asymptomatic)

Females might have:

- abnormal vaginal discharge
- irregular vaginal spotting (blood)
- painful sexual intercourse
- abdominal pain
- no symptoms (up to 70% can be asymptomatic)

Complications

Male

- epididymitis
- infertility
- urinary tract complications
- Reiter's Syndrome

Female

- if it spreads to the uterus, fallopian tubes and ovaries it can cause pelvic inflammatory disease (PID) and/or chronic pelvic pain
- tubal pregnancy
- infertility

Both

- if it spreads to the blood it might cause more severe illness, for example arthritis

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take laboratory tests

Management

- take prescribed antibiotics as instructed
- report the case to public health authorities as required by Alberta's Public Health Act, Communicable Disease Regulation
- partner notification
- follow-up testing if required

Considerations for Pregnant Women

- follow up testing is recommended for women who are pregnant
- a pregnant woman can pass the disease to her baby during birth, causing an eye infection or pneumonia in the newborn

Immunization

- no vaccine available

Other Important Information

- as a preventative measure in accordance with the Public Health Act, antibiotic ointment is placed in the eyes of all babies to prevent infection

Crabs

Crabs are visible, greyish-brown, and are about the size of a pinhead.

Causative Organism

- *Phthirus pubis* (pubic or body louse; parasite)

How do you get it?

Non-sexually

- close body contact with an infected person
- sharing unlaundered bedding, towels or underclothing of an infected person

Sexually

- sexual contact with an infected person

Incubation Period

- approximately 3 weeks

Symptoms

- itchiness in the pubic area that may be more intense at night
- tiny spots of dried blood on the skin or underwear caused by the crab bites
- other hairy areas of the body might be affected

Complications

- secondary infection from scratching

Diagnosis

- history of exposure to crabs
- crabs are visible, greyish-brown, about the size of a pin-head
- examine the infected area for crabs or nits
- the eggs (nits) are minute, shiny, tan-coloured dots cemented near the base of the hair shafts

Management

- a lotion or shampoo that contains 1% lindane such as Kwellada®, Hexit® or Lindane®. These are available at drug stores without a prescription
- instructions for use should be followed carefully
- improper treatment may result in the reappearance of symptoms
- launder all recently used bedding, towels and underclothing in hot soapy water
- if desired, mattresses and upholstery can be vacuumed or sprayed with a household disinfectant

Considerations for Pregnant Women

- pregnant or lactating women and young children should not use 1% lindane and must see a doctor for medical care and treatment

Other Important Information

- avoid sharing bedding, towels or personal clothing with the infected person
- sexual partner and/or other adult household members should be examined and treated if necessary

Genital Herpes

Genital herpes rarely results in complications, however, many people experience significant emotional impact.

Causative Organism

- Herpes simplex virus (HSV)

  HSV Type I is often associated with oral herpes (cold sores) where sores appear in and around the mouth.

  HSV Type II is often associated with genital herpes where sores appear on the genitals.

  Both types are capable of causing a herpes infection on or around the mouth, or on the genitals through oral-genital contact.

How do you get it?

- by direct contact with the sores or blisters of an infectious person
- usually through genital-to-genital or oral-to-genital contact
- can be passed when there are no visible sores and the skin looks healthy, this is called "subclinical" or asymptomatic shedding

Incubation Period

- 2 to 21 days (or longer) after contact

Symptoms

Initial outbreak:

- usually starts with itchiness and/or pain at site of virus entry
- cluster of small blisters develop
- blisters break and form painful, open sores
- open sores or lesions last an average of 7 to 21 days
- tender swollen glands in the groin area
- flu-like symptoms
- painful urination
- urethral discharge
- abnormal vaginal discharge

Following initial outbreak:

- as the sores heal, the virus retreats to the nerve tissue where it remains dormant until triggering factors cause it to reactivate.

  Trigger factors could include the following:

  -psychological stress

  -physical stress such as lack of sleep, poor nutrition and sexual activity

  -menstruation

Recurrent outbreaks:

- some individuals experience symptoms such as: tingling, itching, burning or pain down the leg before the sores appear; these warning signs are called the prodrome
- are usually less severe than the initial outbreak
- might last 4 to 10 days
- may become less frequent over time
- some people might not have any or very few recurrences

Complications

- physical and emotional impact of a life long infection
- genital herpes rarely results in complications, however, many people experience significant emotional impact

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take a culture from the blisters or sores

Genital Herpes (continued)

An individual may be infectious in the absence of sores due to asymptomatic shedding.

Management

- prescribed medication is available to reduce symptoms
- keep sores clean and dry
- use a blow dryer to dry sores
- avoid wearing tight clothing while sores are present
- take frequent warm baths (baking soda may be added to water)
- inform sexual partner(s)

Considerations for Pregnant Women

- newborns of mothers with genital herpes are **rarely** infected during pregnancy; however it is more common for the newborn to be infected during the birth process when the baby comes in contact with the herpes virus
- although infections to newborns are rare, it is important for a pregnant woman to tell her physician if she or her partner(s) have a history of genital herpes
- pregnant women and their partners may benefit from taking special medication during their pregnancy. The medication may help to decrease the risk of transmission from the male partner to the pregnant woman. It may also decrease the risk of an outbreak occurring at the time of delivery
- a Cesarean delivery may be needed if the herpes virus is active at the time of labor.

Immunization

- no vaccine

Other Important Information

- it is important not to have oral-genital contact or mouth to mouth contact while oral herpes is present
- an individual may be infectious in the absence of sores due to asymptomatic shedding

Genital Warts

Some people with HPV are asymptomatic with no visible warts.

Causative Organism

- human papilloma virus (HPV)
  There are more than 100 genotypes of HPV and only a small number of them cause genital warts and a variety of cancers.

How do you get it?

- direct skin to skin contact with the virus
- during vaginal, anal and oral sex
- in rare circumstances, a pregnant woman can pass HPV to her newborn during birth

Incubation Period

- 1 to 10 months or longer

Symptoms

- flesh-coloured growths (warts) in the genital and anal areas
- in males, these sometimes occur under the foreskin or in the urethra and might not be visible
- in females, these sometimes occur in the vagina or on the cervix and might not be visible
- usually painless
- occasional itching
- occasional bleeding with anal warts

Some people with HPV are asymptomatic with no visible warts. However, the virus may still be active on the surface of the skin and the person is still infectious and capable of passing the virus to others.

Complications

- an important sequela of genital HPV infection can be genital cancers in men and women. Cervical cancer is the most common but cancers of the vulva, penis and anus can also occur.
- if untreated, warts might grow larger and might spread extensively throughout the genital and anal areas
- some people with genital warts might experience emotional impact

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take laboratory tests
- for women, perform a pap smear, colposcopy and / or biopsy from the cervix if necessary

Management

- no treatment completely eradicates HPV
- treatment requires medical supervision
- visible warts can be treated by:
  -topical medication
  -liquid nitrogen
  -cautery
  -laser therapy
  -surgical removal
- inform sexual partner(s)
- regular follow-up examinations
- prevention education should include that condoms reduce but do not eliminate the transmission of HPV

Genital Warts (continued)

Considerations for Pregnant Women

- warts can appear for the first time during pregnancy: however, they are usually only treated following the pregnancy
- warts frequently shrink and disappear after the pregnancy
- in rare cases a baby can acquire warts on their larynx or genitals during the birth process
- cesarean delivery is not necessary unless the warts are blocking the birth canal

Immunization

- currently no licenced vaccine is available

Other Important Information

- warts often will recur; however, they might occasionally disappear spontaneously without treatment
- while infection with high risk types of HPV appears to be necessary for the development of cervical cancer; HPV alone is not sufficient because cancer does not develop in the majority of infected women. Other possible co-factors are also important in the development of cervical cancers. These co-factors include: first intercourse at an early age, multiple sexual partners, smoking and other STD.
- all women should have regular pap smears. However, women with a history of HPV might require additional pap smears and follow up care as directed by their health care provider

Gonorrhea *Also called "dose", "drip" or "clap"*

Causative Organism

- *Neisseria gonorrhoeae* (bacteria)

How do you get it?

- during oral, vaginal or anal sexual intercourse with an infected partner

Incubation Period

- 1 to 14 days
- majority develop symptoms within 2 to 5 days

Symptoms

Males might have:

- urethral discharge, often purulent
- burning during urination
- no symptoms (13% to 77% are asymptomatic)

Females might have:

- thick, yellowish discharge from the vagina
- abnormal vaginal bleeding
- burning during urination
- swelling, itching or pain in the genital area
- lower abdominal pain
- no symptoms (more than 50% are asymptomatic)

Both might experience:

- redness, swelling, or discharge if infection is spread to the eyes
- burning, pain or itching if the infection is in the rectum
- mucous stools or a discharge of blood or pus if the infection is in the rectum

Complications

Male

- epididymitis
- infertility (rare)
- urinary tract complications
- arthritis

Female

- if it spreads to the uterus, fallopian tubes and ovaries, it might cause pelvic inflammatory disease (PID) and lower abdominal pain
- infertility
- tubal pregnancy

Both

- if it spreads to the blood, it might cause more severe illness such as arthritis

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take laboratory tests

Management

- take prescribed antibiotics
- report case to public health authorities as required by Alberta's Public Health Act, Communicable Diseases Regulation
- partner notification
- follow-up testing if required

Gonorrhea (continued)

If gonorrhea spreads to the uterus, fallopian tubes and ovaries, it might cause pelvic inflammatory disease (PID).

Considerations for Pregnant Women

- follow up testing is recommended for women who are pregnant
- a pregnant woman may pass the disease to her baby during birth, causing an eye infection in the newborn
- as a preventative measure, in accordance with the Public Health Act, antibiotic ointment is placed in the eyes of all babies to prevent infection

Immunization

- no vaccine available

Other Important Information

- there are drug-resistant strains of gonorrhea that need special antibiotics

Hepatitis B

Hepatitis B vaccine is available through a health care provider. It is very safe and effective.

Causative Organism

- Hepatitis B virus (HBV)

How do you get it?

HBV is spread through exposure to blood, semen and vaginal secretions, but any body fluid may be infectious

Non-sexually

- through exposure to HBV infected blood and body fluids
- household/family contact with an acute case or a chronic carrier
- an infected woman can pass the disease to her unborn baby at birth or during breastfeeding

Sexually

- Through oral, vaginal, or anal intercourse with an infected person including the chronic carrier

Incubation Period

- 2 to 5 months
- usually 90 days

Symptoms

Acute Infection

- fatigue
- lack of appetite
- skin rashes
- nausea
- flu-like symptoms

Some people might develop:

- jaundice
- arthritis

Many people with an acute infection will be asymptomatic but are still infectious and can pass the virus to others

Complications

- most people with HBV infection will recover and will have no complications
- up to 10% will become chronic carriers; are infectious for life and may develop cirrhosis or cancer of the liver over a period of years
- approximately 1 to 3% of people will die from hepatitis B infection

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take laboratory tests

Management

Treatment for acute infection includes:

- bed rest
- nutritious low protein diet
- avoiding alcohol
- hospitalization may be necessary

Treatment for chronic infection includes:

- ongoing medical treatment and follow-up
- reporting of case to public health authorities as required by Alberta's Public Health Act, Communicable Disease Regulation
- inform partners

Hepatitis B (continued)

Considerations for Pregnant Women

Alberta has a hepatitis B program for pregnant women and their babies.

- all pregnant women are tested for the hepatitis B virus.
- babies born to mothers who have hepatitis B can be given immune globulin/vaccine to prevent them from developing hepatitis.

Immunization

Hepatitis B vaccine is available through a health care provider. It is very safe and effective.

Hepatitis B vaccine is essential for:

- sexual contacts of an acute infectious case or a chronic carrier
- babies who are born to infected mothers
- children and adults who have household contact with an infected individual

People who should consider hepatitis B immunization are:

- healthcare workers
- those who might have exposure to blood and body fluids because of their occupations (police, firefighters and ambulance workers)
- injection drug users and their sexual and needle sharing partners
- persons with multiple sexual partners including: men and women who have sex with each other and men who have sex with men or both men and women
- sex trade workers (prostitutes)
- people with a recent history of STD
- men who have sex with men engaging in rectal intercourse
- sexual assault victims
- residents and staff of institutions for the mentally challenged

A universal immunization program is recommended across Canada. In Alberta, a hepatitis B vaccination program is offered in the school system.

Other Important Information

- HBV is **not** spread through casual contact such as hugging and shaking hands
- unlike many other STD, most people who get hepatitis B develop life long natural immunity against future HBV infection.

HIV Infection

HIV infection probably occurs within days of being exposed to the virus, however, symptoms may not appear for weeks, months or years.

Causative Organism

- Human Immunodeficiency Virus (HIV)

How do you get it?

Sexually

- when semen, vaginal secretions, or blood are exchanged through oral, vaginal or anal intercourse with a HIV infected person:
  - male-to-male contact
  - male-to-female contact
  - female-to-male contact
  - female-to-female contact

Non-sexually

- through exposure to HIV infected blood
  - occupational risk in professions such as: health care workers, firefighters and police
  - sharing contaminated equipment used to inject drugs or tattooing, ear and body piercing, and acupuncture
- an infected mother can pass it to her baby:
  - during pregnancy, birth, breastfeeding

Incubation Period

- infection probably occurs within days of being exposed to the virus, however, symptoms may not appear for weeks, months or years

Symptoms

Initial (primary) infection

- flu-like illness may occur 2-4 weeks after infection

Asymptomatic infection

- individual is infected: has no symptoms or signs and feels well

Symptomatic infection

- symptoms might develop weeks, months or years after the infection
- characterized by a wide range of symptoms which last weeks to months such as:
  - weight loss
  - night sweats
  - fatigue
  - fever
  - dry cough
  - diarrhea
  - swollen lymph nodes
  - memory loss
  - depression
  - chronic yeast infections

End stage of infection (AIDS)

- referred to as acquired immuno-deficiency syndrome (AIDS)
- occurs when the immune system is severely damaged and unusual opportunistic infections and cancers develop

Note: In all stages of HIV infection, the individual is HIV positive and considered capable of transmitting the virus to others.

HIV Infection (continued)

It is estimated that 40,000 to 50,000 Canadians are infected with HIV, most of them are asymptomatic.

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take laboratory tests

A HIV test is a special blood test that detects antibodies to HIV. Antibodies are substances formed by the body in response to a virus. Antibodies to HIV usually show up in the blood test within 1 to 3 months after a person becomes infected, resulting in a HIV positive test. However, it can take up to 6 months before the antibodies will show up in the blood test. The time between being exposed to the virus and testing positive is called the "window period".

Individuals might require a repeat HIV test if they are in the window period and the first test was negative.

Immunization

- no vaccine available

Management

- healthier lifestyle choices to strengthen and maintain the immune system
- medication can prevent and treat opportunistic infections
- report case to public health authorities as required by Alberta Public Health Act, Communicable Disease Regulation
- partner notification
- follow-up care

Considerations for Pregnant Women

- all pregnant women should be offered confidential HIV testing and counselling.
- recent studies have shown that the rate of transmission from an infected mother to her unborn baby can be decreased by about two-thirds if the mother takes antiretroviral medication during the pregnancy.

Other Important Information

The following information has been adapted from *Canadian STD Guidelines, 1998 Edition:*

- it is estimated that 40,000 to 50,000 Canadians are infected with HIV, most of them are asymptomatic
- in recent years a high proportion of new reports of HIV are found in females, Aboriginal people and injection drug users
- in Canada, blood donors have been screened and tested for HIV infection since 1985. This has resulted in a marked decrease in the proportion of HIV cases transmitted through blood products. The current estimated risk of infection from receiving blood or blood products is very low in Canada (approximately 1 per million units of blood)
- genital sores sometimes called genital ulcer disease (i.e., genital herpes and syphilis) increase sexual transmission of HIV

Non-Gonococcal Urethritis (NGU)

NGU is a common STD in males.

Causative Organism

- caused by a variety of organisms that often cannot be identified.

NGU is a common STD in males which causes an inflammation of the urethra.

How do you get it?

- during oral, vaginal or anal intercourse with an infected partner

Incubation Period

- 1 to 5 weeks after exposure, an average of 2 to 3 weeks

Symptoms

- inflammation of the urethra
- discharge of white or clear mucous or pus from the penis
- urethral irritation or itching
- burning on urination
- no symptoms

Complications

- epididymitis
- infertility
- urinary tract complications

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take laboratory tests

Management

- antibiotics prescribed by a physician
- report to public health authorities
- partner notification
- follow-up testing if required

Mucopurulent Cervicitis (MPC)

MPC is a common STD in females.

Causative Organism

- caused by a variety of organisms that often cannot be identified.

  MPC is a common STD in females which causes an inflammation of the cervix

How do you get it?

- during oral, vaginal or anal intercourse with an infected partner

Symptoms

- a change in colour, amount or odour as compared to the normal vaginal discharge
- irregular vaginal spotting of blood which could occur after sexual intercourse or in between menses
- pain during sexual intercourse
- abdominal pain
- no symptoms (up to 80% of cases are asymptomatic)

Complications

- if it spreads to the uterus, fallopian tubes and ovaries, it may cause pelvic inflammatory disease (PID)
- infertility
- tubal pregnancy

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take laboratory tests

Management

- antibiotics prescribed by a physician
- report to public health authorities
- partner notification
- follow-up testing if required

Considerations for Pregnant Women

- follow up testing is recommended for women who are pregnant

Scabies *Also called "skin mites"*

Scabies may resemble other skin rashes.

Causative Organism

- *Sarcoptes scabiei* (mite)

How do you get it?

Sexually

- sexual intercourse with a person who is infected

Non-Sexually

- close, physical contact with a person who is infected
- sharing clothing, bedding or towels with an infected person

Incubation Period

- 3 Weeks

Symptoms

- itchy red bumps on skin; itch is more severe at night
- red ridges or streaks on the skin
- scabies may resemble other skin rashes

Complications

- secondary infection from scratching

Diagnosis

The health care provider will:

- take a history
- perform a physical examination
- sometimes take skin scrapings for laboratory tests

Management

- a lotion that contains 1% lindane such as Kwellada®, Hexit®, or Lindane. These are available at a drug store without a prescription
- instructions for use should be followed carefully
- improper treatment may result in the reappearance of symptoms
- launder all recently used towels, bedding and underclothing in hot soapy water

Considerations for Pregnant Women

- pregnant or lactating women and young children should not use 1% lindane and must see a doctor for medical care and treatment

Other Important Information

- avoid sharing bedding, towels, or personal clothing with the infected person
- other household members and sexual partners should be examined and treated if necessary

Syphilis *Also called "the pox"*

Canada is close to eliminating syphilis through screening, education, diagnosis and management.

Causative Organism

- *Treponema pallidum* (spirochete)

How do you get it?

- direct physical contact with sores/ lesions or rash usually during oral, vaginal or anal intercourse
- passed from mother to baby during pregnancy or at birth

Incubation Period

- 10 to 90 days following exposure but most often about 3 weeks

Symptoms and Long Term Effects

There are four stages

1. Primary syphilis

- one or more painless sore(s) or lesion(s) called a chancre appear on or around the genitals, and sometimes the mouth
- chancres might not be noticed in the rectum, vagina or cervix
- chancres last 1 to 5 weeks and will disappear without treatment
- painless enlarged glands in groin

A person is highly contagious at this stage.

2. Secondary syphilis

Following the chancre, some or all of the secondary symptoms occur in 4-10 weeks

- non-itchy rash on trunk, soles or palms
- wart-like growths in the genital area
- flu-like symptoms
- patchy hair loss

A person is highly contagious at this stage.

3. Latent syphilis

- no noticeable symptoms, although secondary symptoms might recur
- disease may remain static or progress to tertiary stage

A person may be infectious at this stage.

4. Tertiary syphilis

- can be destructive to the body and cause long term effects such as heart disease, brain damage, paralysis, blindness or death
- might not occur for 10 to 30 years after infection

A person is not contagious at this stage.

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take laboratory tests

Management

- prescribed antibiotics can cure the disease at any stage, but do not correct damage already done to the body
- report to public health authorities as required by Alberta's Public Health Act, Communicable Disease Regulation
- partner notification
- follow-up testing

Considerations for Pregnant Women

- syphilis testing should be done during pregnancy to protect the developing baby

Immunization

- no vaccine

Other Important Information

Canada is close to eliminating syphilis through screening, education, diagnosis and management.

Trichomoniasis *Also called "Trich"*

You get trichomoniasis through sexual intercourse.

Causative Organism
- *Trichomonas vaginalis* (protozoa)

How do you get it?
- through sexual intercourse

Incubation Period
- 1 to 3 weeks

Symptoms

Females might have:
- profuse grey, yellow or green frothy vaginal discharge, which might be foul smelling
- itching in the genital area
- pain during intercourse
- burning during urination
- no symptoms

Males might have:
- burning during urination or a slight discharge
- no symptoms

Complications
- unlikely to cause long term effects

Diagnosis

The health care provider will:
- take a sexual history
- perform a physical examination
- take laboratory tests

Management
- prescribed medication
- inform sexual partner(s)
- sexual partner(s) should be examined and treated

Yeast *Also called "monilia" or "candida"*

It is recommended that women see their health care provider for an examination, as symptoms of yeast may be similar to other STD.

Causative Organism

- *Candida albicans* (fungus, normally found in the vagina)

How do you get it?

Non-sexually

There are factors which upset the natural balance of the vaginal environment, allowing yeast to overgrow including:

- using antibiotics
- using steroid drugs
- taking birth control pills
- being pregnant
- wearing tight non-breathing clothes
- using scented bath products
- using scented feminine hygiene products
- being stressed or fatigued
- having certain medical conditions, for example diabetes
- weakened immune system

Sexually

- rarely through sexual intercourse

Incubation Period

- unknown

Symptoms

Females might experience:

- curdy, white vaginal discharge
- painful urination
- itching and/or rash in genital area
- swollen vulva
- painful intercourse

Males might develop:

- a rash and/or itching in the genital area, but are usually asymptomatic

Complications

- most people are unlikely to have long term effects
- people who are immunocompromised, may develop chronic yeast infections. For example, with HIV infection

Diagnosis

The health care provider will:

- take a sexual history
- perform a physical examination
- take laboratory tests

Management

- medication is recommended
- a woman's male sex partner does not usually require treatment however a topical cream is available to relieve itching in the genital area

Considerations for Women

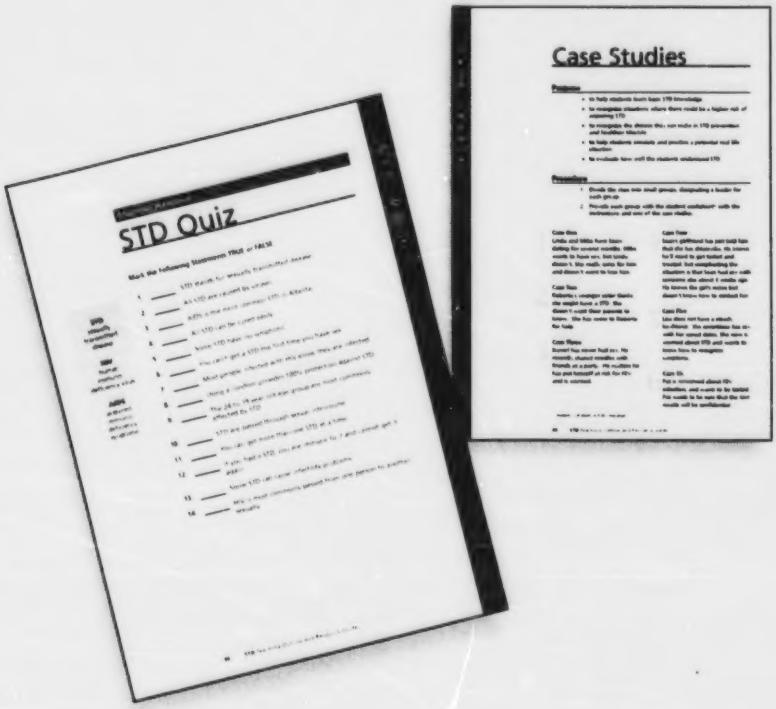
- over the counter (OTC) treatment is available. However, it is recommended that women see their health care provider for an examination, as symptoms of yeast may be similar to other STD

Other Important Information

- approximately 75% of all women will experience at least one yeast infection in their lifetime *(Canadian Treatment Guidelines, 1998)*

Introduction

The following are a sample of learning activities that have been successfully used by sexual health educators. There are many other activities that can be used or adapted for your audience. You can refer to learning resources listed in the resource section of this guide or consult other sexuality texts or workbooks. You may also wish to exchange ideas and/or share resources with your colleagues.



Master – Answers

STD Quiz

Purpose

- for students to assess their own knowledge of STD/HIV prior to and after the instruction
- for the educator to use as a pre and post test to measure student knowledge of STD/HIV

STD
sexually transmitted disease

HIV
human immuno-deficiency virus

AIDS
acquired immuno-deficiency syndrome

1. T — STD stands for sexually transmitted disease.
2. F — All STD are caused by viruses.
3. F — AIDS is the most common STD in Alberta.
4. F — All STD can be cured easily.
5. T — Some STD have no symptoms.
6. F — You can't get a STD the first time you have sex.
7. F — Most people infected with HIV know they are infected.
8. F — Using a condom provides 100% protection against STD.
9. F — The 24 to 39 year old age group are most commonly affected by STD.
10. T — STD are passed through sexual intercourse
11. T — You can get more than one STD at a time
12. F — If you had a STD, you are immune to it and cannot get it again.
13. T — Some STD can cause infertility problems.
14. T — HIV is most commonly passed from one person to another sexually.

Student Handout

STD Quiz

Mark the Following Statements TRUE or FALSE.

STD
sexually transmitted disease

HIV
human immuno-deficiency virus

AIDS
acquired immuno-deficiency syndrome

1. _____ STD stands for sexually transmitted disease.
2. _____ All STD are caused by viruses.
3. _____ AIDS is the most common STD in Alberta.
4. _____ All STD can be cured easily.
5. _____ Some STD have no symptoms.
6. _____ You can't get a STD the first time you have sex.
7. _____ Most people infected with HIV know they are infected.
8. _____ Using a condom provides 100% protection against STD.
9. _____ The 24 to 39 year old age group are most commonly affected by STD.
10. _____ STD are passed through sexual intercourse.
11. _____ You can get more than one STD at a time.
12. _____ If you had a STD, you are immune to it and cannot get it again.
13. _____ Some STD can cause infertility problems.
14. _____ HIV is most commonly passed from one person to another sexually.

The "Dot Game"

This activity is suitable for groups of all ages, ranging in size from 15 to 300 participants.

Purpose

- to demonstrate the spread of STD
- to allow participants to experience some of the common psychological reactions to STD
- to promote awareness of the asymptomatic nature of STD
- to demonstrate the importance of partner notification

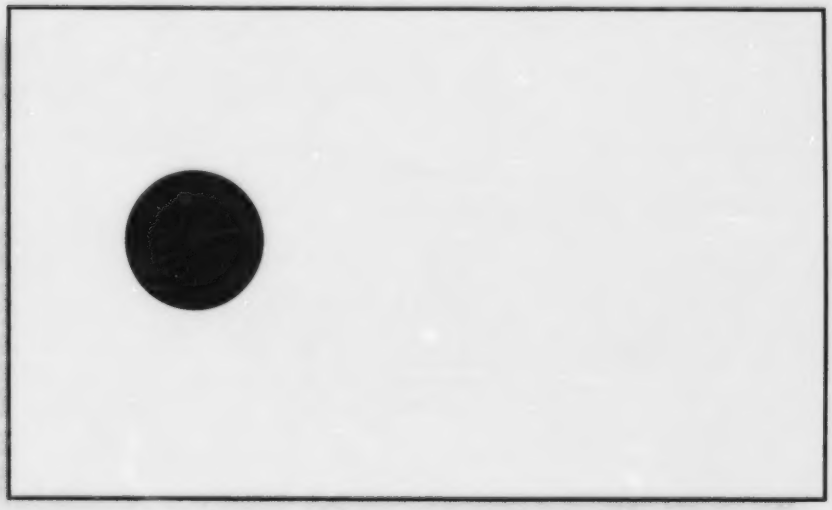
Procedure

1. Prepare enough 3x5-inch pieces of paper so that there is one for each participant.
2. Mark one paper with a small dot and mix randomly, face down with the blank papers. For larger groups add additional papers with dots.
3. Hand out one paper to each participant.
4. Ask participants to move around the room, shaking hands with others, and write the names of the people that they have met on their paper.
5. Ask the participants to look for a dot on their paper. The participant(s) with the dot(s) are asked to stand and give their name.
6. You explain that the person(s) with the dot(s) have a STD. Ask those with the dot(s) to read the names on their papers; they are the sexual contacts and should also stand.
7. The people now standing read the names of people on their papers. Continue the process until all or most people in the group are standing.
8. Explain that this shows how easily STD can be spread through sexual intercourse.
9. Emphasize that STD are not transmitted through handshaking.

The "Dot Game" (continued)

You can follow the game with a discussion about:

- each person's emotional reactions, asking "How did you feel when you were the person with the dot? Or "How did you feel when you were named as a sexual contact?"
- the asymptomatic nature of STD, by asking, "Could you tell that the person you shook hands with had a STD?"
- the difference it would make in preventing disease if participants had used condoms or abstained from sex
- how partner notification can help stop the spread of STD



Group Discussions

Giving participants an opportunity to speak and be heard about their opinions and experiences helps broaden everyone's perspective and knowledge. Here are some issues for discussion.

1. A variety of emotional reactions to knowing you have a STD

Encourage people to answer the question,
"How would you feel if you found out you have a STD?" Student's reactions might include feeling:

- fear
- confusion
- guilt
- unclean
- embarrassed
- angry
- concerned about confidentiality
- that they want to blame someone
- apathetic
- that they want to take revenge on the person who they think gave them the infection
- uncertainty about what will happen to my body
- they want help but do not know where to go

2. Building skills to negotiate abstinence or safer sex

Issues for discussion could include:

- the benefits of abstinence
- delaying sexual activity
- setting personal boundaries
- establishing mutual respect
- knowing their own rights and responsibilities
- dealing with peer pressure
- fearing rejection
- fostering intimacy without sex
- communicating openly about sexuality
- relationships

Group Discussions (continued)

3. Condom Use

When talking about condoms you might want to ask students several questions:

- Are condoms effective?
- Who has the responsibility for using condoms?
- How would you negotiate using condoms with your partner?
- Should condoms be made more easily available in schools or public washrooms? Does this encourage sexual activity?
- What kind of condoms are the best for preventing STD?
- How can people be encouraged to consistently use condoms?
- What about the female condom?
- Would you question your partner's health or character if that person suggested you use condoms?

Role Play

Purpose

The purpose is to provide students with the opportunity to practice problem-solving skills related to STD prevention.

This activity encourages participatory learning.

Procedure

1. Ask students to take on the roles of the characters in the following scenarios.
2. Provide volunteers with the scenarios.
3. When the role play ends ask the characters to describe how they felt.
4. Check with the audience about how the situation was handled and if anyone would have approached it differently.

SCENARIO 1

Kelly and Pat have been dating for over three months. Recently Kelly has been pressuring Pat to have sex. Pat is reluctant while Kelly is persistent. The issues that might be covered in this scenario are:

- peer pressure lines and responses
- negotiating abstinence
- alternative activities to "having sex"

Here is one example of dialogue:

Kelly: I love you Pat. If you loved me you would want to have sex with me.

Pat: I really like you a lot Kelly. I want to keep seeing you, but I'm not ready to have sex with you.

Kelly: You know I really love you.

Pat: Having sex is not the only way to prove that people love each other. If you really loved me, you wouldn't be pressuring me to do something I don't want to do.

Kelly: Everybody is doing it. Why should we be different?

Pat: I don't want to, that's why. We can continue to go out together and get to know each other better, but we're not going to have sex. If you don't want to continue seeing me under those rules, all right. I'm not going to have sex with you just to have someone to go out with.

Kelly: ...

Role Play (continued)

SCENARIO 2

Chris and Sara have been dating for a couple of months and have decided to have intercourse. They disagree about the risks involved in having sex. Both have had previous sex partners. The issues that might be covered in this scenario are:

- STD/HIV often have no symptoms
- communication about being sexually responsible
- both partners being tested for STD/HIV before having sex
- negotiating condom use

Here is an example of dialogue:

Chris: I feel healthy and no one has ever told me I might have a problem.

Sara: I feel fine too. But we've both been with other people and I'm worried. I haven't always used condoms in the past. I want us both to be safe. I think we should get tested, because it's possible to have an infection and not know it. If our tests are okay, then we can have sex. We'll use condoms and not be worried about getting STD.

Chris: I don't see the need. If we are both feeling fine, what's the big deal?

Sara: I've just told you that you can have a STD and not know it. I want us to be safe.

Chris: So, let me get this straight. You want us both to get tested and then to use condoms all the time?

Sara: That's right! Are we in agreement about this?

Chris: .....

SCENARIO 3

Tom and Pat have been dating for some time and would like to become more intimate. They know that there are risks involved if they have sex. They agree that they don't want to get a STD but don't know what to do.

The issues that might be covered in this scenario are:

- where to get information
- embarrassment
- confidentiality when seeking information
- knowing which behaviours are safe and which put them at risk
- negotiating the decision which is best for their relationship

Case Studies

Purpose

- to help students learn basic STD knowledge
- to recognize situations where there could be a higher risk of acquiring STD
- to recognize the choices they can make in STD prevention and healthier lifestyle
- to help students simulate and practice a potential real life situation
- to evaluate how well the students understand STD

Procedure

1. Divide the class into small groups, designating a leader for each group.
2. Provide each group with the student worksheet* with the instructions and one of the case studies.

Case One
Linda and Mike have been dating for several months. Mike wants to have sex, but Linda doesn't. She really cares for him and doesn't want to lose him.

Case Two
Roberta's younger sister thinks she might have a STD. She doesn't want their parents to know. She has come to Roberta for help.

Case Three
Daniel has never had sex. He recently shared needles with friends at a party. He realizes he has put himself at risk for HIV and is worried.

Case Four
Sean's girlfriend has just told him that she has chlamydia. He knows he'll need to get tested and treated, but complicating the situation is that Sean had sex with someone else about 3 weeks ago. He knows the girl's name but doesn't know how to contact her.

Case Five
Lisa does not have a steady boyfriend. She sometimes has sex with her casual dates. She now is worried about STD and wants to know how to recognize symptoms.

Case Six
Pat is concerned about HIV infection, and wants to be tested. Pat wants to be sure that the test results will be confidential.

* student worksheet on following page

Student Worksheet

Case Studies

Read through your case study. Discuss the questions and come up with a solution that satisfies all group members.

Be ready to have a spokesperson share your group's solution with the rest of the class.

1. What are facts?

2. Define the problem.

3. What are the options?

4. What is the best solution?

5. How can the solution be accomplished?

Question Box

This activity is suitable for any age group but works very well in elementary and junior high settings. It can be used as an introduction to the topic of STD for a one-time session or if the educator has several classes with the group.

Purpose

The purpose is to provide a safe, non-threatening and confidential way for learners to ask questions about STD and related issues.

Procedure

1. Decorate a small box. A shoebox works well. Make a slit opening in the middle of the box.
2. Explain to your group that they can write down their questions regarding STD and put them in the box. It is often a good idea to review the ground rules on page 5.
3. Pass out 3 to 4 small pieces of paper to each member in the class.
4. Provide time for the learners to compose any question(s) they might have.
5. Read the questions out loud and give the answer. It is often helpful to screen questions before reading out loud and avoid reading inappropriate questions.
6. As an alternative method, you may involve the class in helping you to answer the questions.

** Remember, if you don't know the answer it is "OK" to say that you don't know, but will find out and get back to them.*

Government Services

Alberta Health and Wellness

To place a toll free call to a provincial government office dial 310 – 0000 for information and assistance.

Disease Control and Prevention Branch

STD Services provides a centralized STD case management and case reporting program.

Phone: (780) 427-7687
Fax: (780) 422-5149

Library Services

Phone: (780) 427–8720
Email: AH.Library@health.gov.ab.ca

Population Health Strategies Branch

Provides HIV programming and STD education support.

Phone: (780) 427-7687
Fax: (780) 422-5474

Print and Supply Services Branch

Provides a current list of free available resources to the regional health authorities.

To order your supply of print resources contact your regional health authority.

Community Resources

For STD/HIV Information call:
1-800-772-2437

- toll free
- 24 hour
- confidential
- you can speak to a registered nurse during regular business hours (Mon. to Fri.)

STD Clinics

STD Clinics located in Edmonton, Calgary and Fort McMurray offer:

- Confidential services
- Free diagnosis of STD and HIV
- Free treatment and follow-up of selected STD
- HIV clinics for diagnosis, treatment and ongoing care
- Education services
- Appointments are suggested
- Alberta Personal Health Card is not a necessity

Calgary

Calgary STD Clinic
#107, 319–2nd Ave. S.W.
Calgary, Alberta
T2P 0C5

Phone: (403) 297-6562

Edmonton

STD Centre
11111 Jasper Ave
Edmonton, Alberta
T5K OL4

Phone: (780) 413-5156

Fort McMurray

The Northern Lights Regional Health Centre
7 Hospital Street
Fort McMurray, Alberta
T9H 4Y5

Phone: (780) 791-6263

Regional Health Authorities (Health Centres)

(Look in phone book under Regional Health Authority or Health Unit)

Community AIDS Organizations In:

Calgary (403) 508-2500

Jasper (780) 852-5274

Banff (403) 762-0690

Red Deer (403) 346-8858

Edmonton (780) 488-5742

Feather of Hope
1-800-256-0459

Feather of Hope – Edmonton
(780) 488-5773

Feather of Hope – Calgary
(403) 850-7137

Lethbridge (403) 328-8186

Grande Prairie
(780) 538-3388

Living Positive: Persons Living with HIV Society
(780) 488-5768

Interfaith Centre for AIDS/ HIV Resources and Education
(780) 448-1768

Medicine Hat (403) 527-7099

Sexual Health Clinics

Edmonton Birth Control Centre
(780) 413 5735

Red Deer Teen Health Clinic
(403) 346-8336

Fort McMurray Teen Health Services
(780) 791-6263

Calgary Family Planning Clinic
Downtown
(403) 264-3454
Forest Lawn (403) 248-0679
South (403) 256-7184
Sunridge (403) 219-6105

Calgary Birth Control Association
(403) 283-5580

Lethbridge Sexual Health Centre
(403) 320-0110

ASK Sexual Health Counselling Services

Banff Office
(403) 762-2990

Canmore Office
(403) 678-5656

Sexual Health Agencies

Alberta Planned Parenthood Calgary
(403) 283-8591

Calgary Birth Control Association
(403) 283-5580

Edmonton Planned Parenthood
(780) 423-3737

Needle Exchange Centres

In Calgary call Safeworks at:
(403) 221-8786

In Edmonton call Streetworks at: (780) 424-4106
Van: (780) 990-6641

In Red Deer call Street Smarts at: (403) 346-8858

In Grande Prairie call the South Peace AIDS Council at:
(780) 831-4874

Physicians

Physicians in the community can provide STD/HIV diagnosis, treatment and patient information.

Audio Visual Resources

Here is a recommended list of audio-visual resources. Some local regional health authorities (health units), health centres and community agencies may have copies of these resources available for your use.

The University of Alberta Libraries Instructional Film and Video Services has STD videos available for a $10 rental fee plus shipping and handling costs. (for details see page 55)

Viewing of videos by the educator before the presentation might be helpful to determine appropriateness for the group.

A Chance for Change

Target Audience: Aboriginal

Date: 1990

Length: 31 minutes

Description: *A drama depicting a young native man caught between the fast-paced world of the city street and his culture and family. The focus is that there is more to AIDS prevention than the correct use of condoms. Individuals must examine their own lifestyles and sexual practices and determine what changes might be necessary to ensure good health in their lives.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor:
Gryphon Productions Ltd.

A Million Teenagers

5th Edition

Target audience:
grades 7,8,9

Date: 1986

Length: 20 minutes

Description: *This video provides a good overview of disease information including HIV/AIDS. A number of teenagers describe their experience with STD.*

Peer educators provide information on how to prevent and deal with a STD.

Availability:
- Some Health Centres/Units

Distributor:
Gordon Watt Films

AIDS and Youth: A Document for Parents

Target Audience:
Parents of students in grades 7-12

Date: 1989

Length: 23 minutes

Description: *This video was made for use at parent meetings. It covers background information about AIDS and HIV as well as describing the reasons why parents need to discuss these issues with young people. A presenter's guide and a pamphlet for parents accompany the video.*

Availability:
- Canadian Public Health Association, National AIDS Clearinghouse
- Some Health Centres/Units

Distributor:
LM Media Marketing Services Ltd.

Audio Visual Resources (continued)

AIDS: What Everybody Needs to Know

2nd Edition

Target Audience: Grades 10 to 12 and Adult

Date: 1990

Length: 20 minutes

Description: *This video contains animation and live detail on how the HIV virus works. It describes risky and safe behaviours, and new advances in the management and treatment of AIDS. Interviews with individuals who are HIV positive explore the human aspect of HIV infection.*

Availability:
- Some Health Centres/Units

Distributor:
Churchill Films

An Epidemic of Fear: AIDS in the Workplace

Target Audience: Adult

Date: 1987

Length: 23 minutes

Description: *This video educates managers and employees with real-life work situations. It includes interviews with medical experts, corporate managers, employees with AIDS and their co-workers.*

Availability:
- Some Health Centres/Units

Distributor: Kinetic Inc.

Between Friends

Target Audience:
Young adult

Date: 1991

Length: 15 minutes

Description: *A young woman struggles to come to terms with the devastating news that she is HIV positive. The story is open-ended and is intended to provoke discussion about sexuality and responsibility in today's society.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor:
Canadian Film Makers Distribution West

Getting Close

Target Audience: Adult

Date: 1990

Length: 19 minutes

Description: *A romantic comedy that tackles basic AIDS prevention information clearly and effectively. Follow lovesick Larry as he discovers that in this day and age, "getting close" means "getting prepared". His heartthrob Doris won't have it any other way. But – getting prepared means talking about sex, protection and buying condoms for the first time.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor:
Bert Deveaux Productions

Come Sit by Me

Target Audience: Preschool to Grade three

Date: 1991

Length: 7 minutes

Description: *This video is set in a multicultural day care, and is about a little girl named Karen. One of her friends Nicholas is often sick and absent from school. Eventually the children find out Nicholas has AIDS and everyone except Karen stops playing with him. When Karen's parents hear that Nicholas is being left out by the other children, they organize a meeting to address the fears of the daycare staff, the parents and the children. The story ends with Nicholas' reacceptance into the social circle, and the video concludes with an overview of how young children can interact without the fear of acquiring HIV or AIDS.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor:
Magic Lantern Communications Ltd.

Audio Visual Resources (continued)

KECIA: Words to Live By

Target Audience: Aboriginal

Date: 1991

Length: 24 minutes

Description: *An emotional documentary about a young native girl from a small community on Vancouver Island and the events which lead up to her becoming infected with HIV. The video follows Kecia Larkin on a tour of native communities throughout Ontario as she delivers strong messages to young people about their bodies and HIV.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor:
Gryphon Productions Ltd.

Protection Against Infection: The Inside Story of the Immune System and AIDS

Target Audience: Elementary

Date: 1988

Length: 15 minutes

Description: *"Be Your Own Best Friend", sings Slim Goodbody as he emphasizes that we are all responsible for taking care of our bodies. Slim explains what AIDS is, what causes it, and what doesn't. Using models, mimes and animation, song and dance, the scientific facts and health hazards of the disease are presented. The program focus is on the positive aspect of personal choice. We each have to keep ourselves well and strong.*

Availability:
- Some Health Centres/Units

Distributor: Kenetic Inc.

Sexually Transmitted Diseases – What You Should Know (Part 1 &11)

Target Audience:
Junior High

Date: 1988

Length: 25 minutes

Description: *Part 1 portrays Kevin telling Susan that he has a STD. She visits a medical clinic for diagnosis and treatment. Part II is a round table discussion led by a sexuality educator on both disease information and responsible sexual decision making.*

Availability:
- Some Health Centres/Units

Distributor:
Pleasantville Media

STD: More Bugs More Problems

3rd Edition

Target Audience:
High School, Adult

Date: 1992

Length: 21 minutes

Description: *Gives information on the most common STD including pelvic inflammatory disease (PID) and hepatitis B. The importance of abstinence and the use of condoms is shown in preventing STD.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor:
Alfred Higgens Production

Talking About AIDS

Target Audience:
High School

Date: 1989

Length: 26 minutes

Description: *This is a fast paced video packed with HIV/AIDS information. It covers basic information about AIDS, sexual decision-making, myths, condom use, and how to provide support. Teens speak out about how they deal with relationships, and a HIV positive individual shares his story.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor: National AIDS Clearing House

Teens and AIDS: Real People Real Stories

Target Audience:
High School

Date: 1992

Length: 20 minutes

Description: *Young people who became infected with HIV in their teens warn teenagers of the risk and send a strong message that it can happen to them. Peer educators model negotiation and refusal skills in role plays.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor: Omega Films Ltd.

Audio Visual Resources (continued)

Thinking Positive

Target Audience:
High School

Date: 1993

Length: 23 minutes

Description: *This video was filmed in a small community in Newfoundland. Teenagers speak candidly about their own experiences and those of their peers. The video is designed to provoke discussion about the risk of contracting HIV/AIDS and encourages responsibility for sexual behviour.*

Availability:
- National Film Board 1-800-267-7710
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor:
National Film Board

Too Close for Comfort

Target Audience:
High School, Adult

Date: 1990

Length: 28 minutes

Description: *A drama that deals with homophobia as it affects both people with HIV/AIDS and others. It is recommended that viewers have a basic knowledge of HIV/AIDS before watching.*

Availability:
- Some Health Centres/Units

Distributor:
Canadian Film Makers, Distributors West

Diary of Hope: The Sherry Lencucha Story

Target Audience:
High School and Adult

Date: 1996

Length: 22 minutes

Description: *This is a moving portrayal of an Edmonton woman with AIDS. Narrated by her, Sherry takes the viewer through the last years of her life and how she and her family live with AIDS.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor: CBC Television

Pros and Condoms

Target Audience:
College, Young Adult

Date: 1992

Length: 22 minutes

Description: *This humorous video depicts college students and their views on condoms. It is intended to be used as a trigger for discussion about condoms and safer sexual practices.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor:
McIntyre Media Limited

Playing it Safe

Target Audience:
Young Adults, Women

Date: 1992

Length: 30 minutes

Description: *This video is introduced by Valerie Bertinelli and is primarily targeted to women in all age groups. In a "story" format, information and facts about STD transmission are portrayed.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor:
Searle Pharmaceuticals

Time for Mercy

Target Audience: High School and College

Date: 1996

Length: 24 minutes

Description: *Hosted by Jan Arden, this video explores the lives of three courageous Canadian families living with HIV and AIDS.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor:
White Iron Productions

Audio Visual Resources (continued)

To obtain a video from the University of Alberta Libraries Instructional Film and Video Services.

Telephone:
(780) 492-2632
or visit Website:
www.library.ualberta.ca
Key into **Library Services** *and then key into* **Instructional Film Video Service.**

Killing Time

Target Audience: High-risk youth

Date: 1999

Length: 24 minutes

Description: *This video is targeted towards street involved and "at risk" youth. The youth share experiences beyond their relatively young years; experiences range from intravenous drug use and casual unsafe sex to conscious choices of abstinence. Hosted by the band MOIST the video tackles stereotypes surrounding HIV and AIDS. This video may be useful for those individuals, agencies and organizations who work with "at risk" youth, who may be street involved and hard to reach.*

Availability:
- University of Alberta Libraries Instructional Film and Video Services.
- Some Health Centres/Units

Distributor: CTV Television

The Healthy Student Shareware Collection

Target Audience: High school and College

Format: Compact Disc

Cost: $20 or it can also be downloaded free of charge from the University of Alberta Web site at www.ualberta.ca/healthinfo

Date: 1997

Description: *This CD is a full-featured interactive computer program for MAC and Windows, that includes the following programs:*

- *AIDS in Canada*
- *AIDS in America*
- *Books and Booze: Finding the Right Mix*
- *Birth Control that Works*
- *Munchies: Eating Well on a Student's Budget*
- *Students & Stress: How to get your degree without Losing Your Mind*
- *Itchin', Burning, & Squirmin': STD and You*

Availability:
- Some Health Centres/Units

Distributor:
Copies are available from:
Health Education Coordinator,
University of Alberta
2-300 SUB
Edmonton AB T6G 2J7

or fax Judy Hancock at:
(405) 492-0172

or order by email:
judy.hancock@ualberta.ca

Walking on Sacred Ground

Target Audience: Aboriginal audiences, Junior and Senior High School, and College

Date: 1998

Length: 15 minutes

Description: *This video is about HIVAIDS among the people of the First Nations. It has an up-beat focus which stresses the need for First Nations people to acquire skills, information and education about HIV and AIDS. The video was produced by Wild Horse Productions and jointly funded by the Peigan Health Administration and Health Canada. It features Joanne Storm on the soundtrack throughout.*

Availability:
- Some Health Centres/Units
- Peigan Health Services for a cost of $40. Call (403) 965-3809

Distributor: Wild Horse Productions 1-888-320-6333

Update: Sexually Transmitted Diseases

Target Audience: Junior and Senior High School

Date: 1995

Length: 28 minutes

Description: *This video presents detailed facts about the common STD and their symptoms and treatment. Urges teens to take responsibility for their own health and stresses abstinence as the only sure method of preventing STD.*

Availability:
- Some Health Centres/Units

Distributor: Sunburst

Print Resources

Here is a recommended list of print resources for your reference. Some local regional health authorities (health units), health centres, community agencies and libraries may have copies of these resources.

Canada Youth and AIDS Study

Allan King, Richard Beazley, Wendy Warren, Catherine Hankins, Alan Robertson and Joyce Radford

Queen's University,
Kingston, 1987
ISBN 088911-515-X

This research study focused on knowledge, attitudes and behaviours of youth regarding HIV/AIDS and STD. It also explores their attitudes toward sexuality.

Canadian Guidelines for Sexual Health Education

Health Canada,
Minister of Supply and Services Canada 1994

Cat. H39-300/1994E
ISBN 0-662-22362-4

Written by Canadian experts, these guidelines contain a framework and guiding principles for the development of sexual health education programs.

It's Your Health: Condom Fact Sheet

Health Canada 1997

This resource gives an overview of condoms and outlines details about regulatory controls in Canada.

Available from:
Health Canada Publications
Ottawa, Ontario
K1A 0K9

Fax: (613) 941-5366

Entering Adulthood: Coping with Sexual Pressures

Nancy Abbey and Elizabeth Raptis Picco

Contemporary Health Series
Network Publications
Santa Cruz, 1989
ISBN 0-941816-61-3

This educators' resource presents sexual abstinence as a viable, positive choice for teenagers. The lessons focus on the need for sexual expression for young people and the advantages of delaying sexual intercourse. It provides good activities for students to experience the decision making process.

Appropriate for Grades 9 to 12.

Entering Adulthood: Preventing Sexually Related Disease

Betty M. Hubbard

Contemporary Health Series
Network Publications
Santa Cruz, 1989
ISBN 0-941816-57-5

This resource provides educators detailed information about STD, including AIDS, chlamydia, herpes, syphilis, genital warts and gonorrhea. The lessons promote abstinence, and provides information on the correct use of condoms. It offers varied instructional strategies and student activities.

Appropriate for Grades 9 to 12.

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV

2nd Edition

Richard P. Barth

ETR Associates
Santa Cruz, 1993
ISBN 1-500-111477

This teacher resource is based on an educational model that combines social skills training and role play that simulates real life experience. The book emphasizes refusal statements, delay statements and alternative actions students can use to abstain or protect themselves from STD, HIV and pregnancy.

Appropriate for High School.

Sexuality: An Education Resource Book

Judith Campbell and Jill Golick

Globe/Modern Curriculum Press, 1988
ISBN 0-88996 – 146-8

This educators' resource provides background for a comprehensive elementary and junior high school sexuality program. It focuses on cognitive, affective and decision-making skills as part of the learning process.

Print Resources (continued)

Alberta Health and Wellness *has a variety of pamphlets and posters related to STD/HIV and Sexual Health. To order your supply of print resources contact your regional health authority.*

STD and HIV: A Guide for Today's Young Adults

William L. Yarber

American Alliance for Health, Physical Education, Recreation and Dance, Reston, 1993

Student Manual:
ISBN 0-88314 – 533-2

Instructors Guide:
ISBN 0-88314–534-0

This resource approaches STD and HIV/AIDS education as a combined curriculum rather than being taught separately. The student manual provides STD/HIV/AIDS information. The activities are designed to explore attitudes and beliefs, and to develop personal decision making skills. The instructors guide complements the student manual by providing learning opportunities that reinforce healthy sexual attitudes and behaviors.

Appropriate for Grades 7-12 and young adults.

Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome *3rd Edition*

Marcia Quackenbush and Pamela Sargent

ETR Associates, Santa Cruz, 1990, ISBN 1-56071-029-2

This resource for educators is a practical approach to integrating HIV/AIDS information into existing courses. It addresses the medical, social and legal aspects of HIV/AIDS. Self directed learning activities are provided.

Appropriate for Grades 9 to 12 and adults.

Teaching Safer Sex

Peggy Brick with Catherine Charlton, Hillary Kunins and Steve Brown

The Centre for Family Life Education, Planned Parenthood of Bergen County, Inc. Hackensack, 1989

This educators' resource advocates safer sex by providing lessons for students in learning how they can protect themselves. This could mean abstinence, choosing behaviours other than sexual intercourse and safer sex.

Appropriate for Grades 9 to 12.

The Truth About Herpes *4th Edition*

Stephen L. Sacks

Gordon Soules Book Publishers Ltd. Vancouver, 1997
ISBN 0-919574-66-1

Written in straight forward language, this book provides accurate information for individuals with herpes, their partner(s), professionals, educators, and counsellors. Topics range from clinical diagnosis to the psychological impact of herpes.

Speaking of Sex, Are You Ready to Answer The Questions our Kids Will Ask?

Meg Hickling RN, 1996
ISBN 1551450941

This book is primarily designed to help parents and children discover ways of talking together about sexual health issues such as wet dreams, menstruation, condoms, and safer sex.

Available at most major bookstores.

Winning the Battle: Developing Support for Sexuality and AIDS Education.

Debra W. Haffner and Diane de Mauro

SIECUS, Sex Information and Education Council of the United States, New York, 1991

An educator resource that provides a framework for developing and implementing a comprehensive sexuality education program at the community level. It addresses the obstacles and provides suggestions on how to overcome them.

Sexually Transmitted Disease in Alberta Epidemiological Report *Current Year*

This yearly report provides statistical information analyses of the incidence of STD in Alberta.

Available from:
Alberta Health and Wellness
Disease Control and Prevention Branch
Phone: (780) 427-2830
Fax: (780) 422-2892

HIV Transmission Guidelines for Assessing Risk: *A Resource for Educators, Counsellors and Healthcare Providers.*

Canadian AIDS Society

Health Canada

Third Edition January 1999

ISBN 0-921906-32-3

Available from: Canadian HIV/AIDS Clearinghouse
(613) 725-3434

Websites

Websites can be a useful tool in your STD education programming. There are a vast number of sites dedicated to sexuality and some of these sites may or may not be appropriate for educational purposes.

The following is a list of some examples of recommended websites that contain suitable information.

1. **Alberta Health and Wellness**
   www.health.gov.ab.ca
   click on Public Health Information for STD and related pamphlets

2. **Health Canada**
   www.hc.sc.gc.ca/hpb/cdc/publcat/index.html
   STD pamphlet

3. **Health Canada**
   www.hc-sc.gc.ca/main/lcdc/web/bah/std/index.html
   Information and statistics on STD

4. **Calgary Regional Health Authority**
   www.crha.health.ab.ca/chr/srh
   Sexuality Homepage

5. **Canadian Journal of Human Sexuality (Special Issue)**
   www.hc-sc.gc.ca/main/lcdc/web/publicat/cjhs/index_e.html

6. **Canadian HIV/AIDS Clearinghouse**
   www.cpha.ca
   Information and resources on STD and HIV

7. **University of Alberta**
   www.ualberta.ca/~jhancock/healthinfo.html
   Information on health and sexuality that can be downloaded

8. **Mistahia Health Region**
   www.mhr.ca
   click on Health Information to bring you to Sexually Speaking

9. **Capital Health Region**
   www.cha.ab.ca
   look for the link to the STD Centre

abstinence
Abstaining from vaginal, anal or oral sex.

acquired immunodeficiency syndrome (AIDS)
A fatal syndrome, consisting of many diseases and conditions, believed to be caused by a virus (HIV) that damages the immune system.

aerobic
A characteristic of some microorganisms that only survive in the presence of oxygen.

anaerobic
A characteristic of some microorganisms that only survive in the absence of oxygen.

anal sex (penile-anal)
Sexual intercourse when the penis penetrates the anus and the rectum, involving a man and a woman or two men.

anonymous
Anonymous HIV or STD testing means that no name or official identification are required from the client, therefore cannot be identified.

anti-retroviral medication
A combination of medication used to treat HIV infection and AIDS.

anus; anal
The opening of the rectum on the body surface.

antibody
A specific protein produced by the body in response to an invading microorganism.

antibiotic
A medication which inhibits the growth of or destroys bacteria and other microorganisms.

asymptomatic
When a disease state is present and there are no visible symptoms or signs.

bacteria
A single cell microorganism. Some forms are harmless and others can cause disease. Antibiotics can destroy most bacteria.

bacterial vaginosis
A common vaginal infection caused by a mixture of aerobic and anaerobic bacteria. Previously known as gardnerella.

biopsy
Removal and microscopic examination of a tissue sample for diagnostic purposes.

bladder
A membranous sac which serves as a receptacle for holding urine.

candida, candidiasis (monilia, yeast)
A disease characterized by an overgrowth of naturally occurring fungi, called *Candida albicans.* This is commonly known as a "yeast infection". It often occurs in the vagina.

cautery
Applying an electric current, caustic substance, laser or other agent to burn and destroy tissue.

cervix
The lower end of the uterus that opens into the vagina. Infection can enter the uterus through the cervix.

chancre
A painless lesion or ulcer. It can develop at the site of infection in the primary stage of syphilis.

chlamydia
A common STD caused by the organism *Chlamydia trachomatis.*

chronic
Persisting over a long period of time.

clitoris
The female sex organ consisting of erectile tissue located just above the urinary opening. This organ is responsible for pleasurable sexual sensation and orgasm.

cold sores (fever blisters)
See herpes labialis.

colposcopy
A diagnostic test in which a colposcope (microscope) is used to magnify and examine the surface of the cervix and vagina to locate abnormal cell growth.

communicable disease
A disease that can be transmitted from one person to another person.

condom
A sheath or covering for the penis. It is worn before and during intercourse to prevent STD and pregnancy. Slang terms include the words "safe" and "rubber".

condyloma acuminata
See genital warts.

confidentiality
The action or condition of maintaining information as private or secret. In STD practice, this means that all patient information is kept confidential.

congenital
A word used to describe any condition that is present at birth. Syphilis, HIV and hepatitis B are examples of congenital STD because they can be transmitted to the fetus during pregnancy.

conjunctiva
The mucous membrane covering the front of the eye and the inner surface of the eyelids.

conjunctivitis
An inflammation of the conjunctiva. A newborn baby can develop chlamydia or gonorrhea conjunctivitis as a result of passing through an infected birth canal.

contact
A person exposed to an infected partner through intimate contact or sexual intercourse.

contagious
Can be transmitted from one person to another; a characteristic of infectious disease.

Cowper's gland (bulbo urethral glands)
Two glands located beneath the sphincter of the male urethra, close to the prostate. They produce a slippery, viscous secretion that lubricates the urethra prior to ejaculation. See pre-ejaculate fluid.

crabs
See pediculosis pubis.

culture
The growth and identification of living microorganisms under laboratory conditions; a diagnostic test to identify specific diseases and conditions.

diagnosis
Identification of a disease or condition.

discharge
The fluid that is produced as a result of the inflammation from an infection. It may contain a large number of white blood cells. A common symptom for many STD is abnormal penile or vaginal discharge.

ectopic pregnancy
The implantation of a fertilized ovum (egg) outside the uterus, usually in the fallopian tube. The uterus is the normal site of implantation. Commonly known as a tubal pregnancy.

ejaculation
The release of semen and seminal fluid from the penis by way of involuntary muscle contractions at the base and along the shaft of the penis.

endemic
The habitual presence of a disease or infectious agent within a given geographical region.

epidemiology
The science concerned with the study of the factors determining and influencing the frequency and distribution of disease, injury and other health-related events in a population.

epididymis
The elongated, cordlike tube along the back of the testes. The coiled duct provides for the storage, transportation and maturation of sperm. It also connects the testes to the vas deferens.

epididymitis
Inflammation of the epididymis which might result in painful and swollen testicles.

exposure
To have contact with a person who has an infectious disease in a way that makes transmission of that disease possible.

Fallopian tubes
The tube-like extensions of the uterus through which ova (eggs) from the ovaries pass to the uterus. This is the site of fertilization and often the site of severe infections such as gonorrhea and chlamydia.

female condom
A pre-lubricated pouch-like device made of polyurethane worn during sexual intercourse to prevent STD and pregnancy. It has a thin flexible ring at each end. It is inserted into the vagina and is held in place with the smaller inside ring. The larger ring rests on the outside of the vagina.

foreskin
The skin that covers the head of the penis. This is the skin removed during male circumcision.

flora
Population of microorganisms that inhabit internal and external surfaces.

Gardnerella vaginalis
One of the bacteria normally found in the vagina. Previously thought to be involved in the infection called bacterial vaginosis.

genital
Related to the male and female sexual organs.

genital herpes
A STD caused by herpes simplex virus (HSV). The disease causes blister-like sores on the genitals.

genital warts
A STD caused by human papilloma virus (HPV) which can result in warty growths on the genitals.

genotype
Refers to genetic make-up.

germ
A word used to generally describe a pathogenic (disease-causing) microorganism. It may refer to bacteria, viruses or fungi.

glans
A cone-like expansion at the end of the penis, commonly called the "head" or "tip" of the penis.

gonococcus
A common name for the bacteria *Neisseria gonorrhoeae* that causes gonorrhea.

gonorrhea
A common STD caused by the organism *Neisseria gonorrhoeae*. Slang terms for gonorrhea are clap, dose and drip.

hepatitis
An inflammation of the liver. There are different types of hepatitis including A, B, C, D, and E. Hepatitis B is the STD caused by the hepatitis B virus (HBV).

herpes labialis
An infection caused by herpes simplex virus (HSV). Causing blister-like sores frequently referred to as cold sores or fever blisters, around the mouth.

human immunodeficiency virus (HIV)
The virus that causes AIDS.

HIV infection
A term used to describe the state of individuals who have HIV in their body at all stages: initial, asymptomatic, symptomatic and end stage infection.

human papilloma virus (HPV)
A group of over 100 different viral types, some of which cause genital warts. A small number of these viral types cause cancer of the cervix, vulva, penis and anus.

hymen
The membrane fold that partially covers the opening of the vagina. The hymen can be broken through intercourse and normal physical activity. Absence of the hymen is not indicative of sexual activity.

immunocompromised
A state where an individual's immune system is weakened or deficient.

immunoglobulin
An injection of antibodies which provides immunity to a specific disease.

immune system
The organs, cells and molecules in the human body which work together to resist disease. These elements include the thymus, bone marrow, lymph nodes, tonsils, spleen, lymphocytes, lymphokines and antibodies.

immunity
The ability of the body to resist the growth of disease-causing microorganisms.

incidence
The rate at which a certain event occurs, during a specific period of time, to a defined population.

incubation period
The period of time between exposure to a disease-causing organism and the appearance of symptoms.

infectious
See contagious.

jaundice
A yellowing of the skin and sclera (whites of the eyes).

labia majora
The fleshy folds of skin surrounding the labia minora.

labia minora
The small folds of skin surrounding the vaginal opening. These folds connect at the front of the perineum, to form the hood of the clitoris.

lactating
The state of producing breast milk commonly called nursing or breastfeeding.

laser
See cautery.

latent
To be dormant or hidden; present but not active; potentially infectious.

lesion
An ulcer or sore.

lymph gland (node)
A small rounded mass of tissue that often swells during an infection. Common site of lymph glands or nodes is the groin, armpit and neck.

masturbation
Stimulation of one's genitals.

menstruation cycle
Shedding of the uterine lining of the female which has formed in preparation for the implantation of the fertilized egg.

microorganism
An organism that can only be seen through a microscope.

microscopic test
A test that requires a microscope to identify an organism. For example, smear.

monilia
See candida.

mononucleosis
An acute infectious disease caused by the Epstein-Barr virus, usually transmitted by direct mouth-to-mouth contact. This is also known as the "kissing disease".

morbidity
The condition of being diseased, often used in epidemiology to measure the seriousness of a disease or condition.

mortality
The likelihood of a disease to cause death.

mucopurulent cervicitis (MPC)
A STD in females usually characterized by redness and pus-like discharge from the cervix.

mucous
A clear, jelly-like fluid that is secreted by mucous cells. These cells are found primarily in the mucous membranes of the body.

mucous membrane
The lining of a body opening or cavity that is directly or indirectly exposed to the environment. The membrane cells secrete a clear, sticky fluid called mucous.

Neisseria gonorrhoeae
The bacteria that causes gonorrhea.

non-gonococcal urethritis (NGU)
A STD in males usually characterized by urethral irritation and discharge.

notifiable
When it must be reported. For some STD it is required to report cases to health authorities. In Alberta, examples of notifiable STD are as follows: chlamydia, gonorrhea, mucopurulent cervicitis, non-gonococcal urethritis, syphilis and HIV/AIDS.

opportunistic infections
These are unusual infectious diseases that develop in a person with a weakened immune system. For HIV infection/AIDS, common examples are:

- *pneumocystis carinii* pneumonia
- cytomegalovirus retinitis
- candida esophagitis.

oral sex
Mouth-to-genital (penis, vulva/vagina or anus) contact between two people. Oral sex can involve a man and woman, two men or two women.

organism
A living unit composed of one or more cells.

os
The canal extending through the cervix, that connects the uterus to the vagina. The os normally secretes a protective layer of mucous. This is often the site of STD infection.

ovary
The female reproductive gland located near the end of each fallopian tube. It produces eggs (ova) and the hormones estrogen and progesterone.

pap smear
The medical test used to identify precancerous or cancerous states of the cervix. It is named after its developer, Papanicolaou.

partner notification
The process by which sexual partners of people with STD are notified and encouraged to seek medical testing and care. Partner notification helps stop the spread of STD, ensuring that all people who have been exposed to a STD are tested and treated if necessary. Partner notification can be done by the individual or by personnel in the health authorities.

pathogen
A microorganism having the ability to cause disease.

pediculosis pubis (*phthirus pubis*, pubic lice, crabs)
Crab-like lice that infect pubic hair. They are most readily transmitted through intimate body contact, but can also be transmitted when towels, clothing and bedding are shared.

pelvic inflammatory disease (PID)
A serious infection and inflammation of the organs of a woman's pelvic cavity, which can lead to sterility or ectopic pregnancies. This is often a complication of gonorrhea, chlamydia and MPC.

penicillin
A naturally or synthetically produced anti-bacterial drug used in the treatment of many communicable diseases.

penis
The male organ for sexual intercourse and urination.

perineum
The area located between the vagina and anus in women and between the scrotum and anus in men.

***Pneumocystis carinii* pneumonia**
A serious lung infection that often develops in people with HIV infection.

prevalence
The total number of cases of a disease, existing at a point in time, in a given area.

pre-ejaculate fluid
Drops of slippery, viscous fluid, appearing at the male urethral opening during erection, produced by the Cowper's glands.

prodrome
A word used to describe symptoms that occur before any signs of disease. For example, the prodrome for herpes simplex infections includes the burning, itching or tingling sensations prior to blisters appearing.

prostate
The structure that surrounds the neck of the urinary bladder and the beginning of the urethra in a man.

prostatic fluid
Alkaline secretion found in semen.

purulent
Containing or forming pus.

replication
The process of duplicating or reproducing, as in the process of DNA or RNA replication in cell reproduction.

Reiter's Syndrome
A syndrome made up of inflammation of the joints, eyes and the urethra, which can occur in males after a chlamydial infection.

safer sex
The action or behaviours that a person takes to reduce the possibility of acquiring or transmitting a STD.

scabies
A skin infection caused by the *Sarcoptes scabiei* mite, easily transmitted through intimate body contact.

scrotum
The pouch that contains a man's testicles and accessory organs.

secondary infection
The action of a second disease-causing organism in an already infected site.

semen
A fluid that is made up of sperm and secretions from the seminal vesicles and the prostate gland. This fluid is ejaculated at male orgasm.

seminal vesicles
A pair of organs in males which secrete seminal fluids into the ejaculatory ducts.

sexual intercourse
This usually means penetration of the vagina by the penis, but is also used to define other forms of intimate physical contact such as oral-genital sex and penile-anal sex.

sexually transmitted disease (STD)
A term used to identify the group of infectious diseases that are transmitted primarily through sexual contact.

sign
Objective visual evidence of disease. For example, rashes, sores and discharge.

smear
A laboratory test preparation, where a sample of body fluid is smeared across a glass slide and studied under a microscope.

spirochete
A commonly used word for the microorganism that causes syphilis.

stage
A period or step in the disease process.

strain
A group of organisms within a species characterized by some particular quality, such as their ability to develop resistance to treatment. For example, some strains of gonorrhea have developed resistance to antibiotics.

sterility
The state of being unable to reproduce (infertile).

symptoms
Subjective evidence of disease where the patient can describe what they are experiencing, but there are no visual signs (for example, pain).

symptomatic
The state of having symptoms.

syphilis
A STD caused by the spirochete *Treponema pallidum*.

testes (testicles)
Male sex glands, located in the scrotum, that produce testosterone and sperm.

Treponema pallidum
The microorganism that causes syphilis.

trichomoniasis
A common sexually transmitted vaginal infection caused by the protozoa *Trichomonas vaginalis*.

urethra
The urine tube that extends from the bladder to the external urethral opening. In the male, the tube serves as a passageway for both urine and semen.

uterus (womb)
The organ that receives the fertilized ovum and supports it during pregnancy.

vaccine
A preparation given to people to help the body produce immunity against certain infectious diseases. For example, hepatitis B vaccine.

vagina
The female birth canal and the organ for sexual intercourse.

vaginitis
An inflammation of the vagina.

vas deferens
The tube that carries sperm from the epididymis to the seminal vesicles.

venereal disease (VD)
The term widely used at one time to describe some diseases that were transmitted through sexual intercourse. STD is now the accepted term because it includes all sexually transmitted diseases.

venereal warts
See genital warts.

viral shedding
The virus is present with or without symptoms.

virus
A disease-producing microorganism, too small to be seen by a normal microscope. A virus can survive only within the living cells of its host.

vulva
The external female genitals.

yeast
See candida.

Why it is important to learn about STD

to have accurate and factual information

to dispel myths

to prevent STD

to increase awareness of how STD can affect health

Defining STD

Sexually Transmitted Diseases (STD):
STD are communicable diseases that are mainly transmitted through sexual contact.

Common STD

Chlamydia
Gonorrhea
NGU/MPC
Syphilis

Genital herpes
Genital warts
Hepatitis B
HIV infection

Crabs
Scabies

Trichomoniasis

Yeast
Infection

Bacterial
Vaginosis

Germ Theory

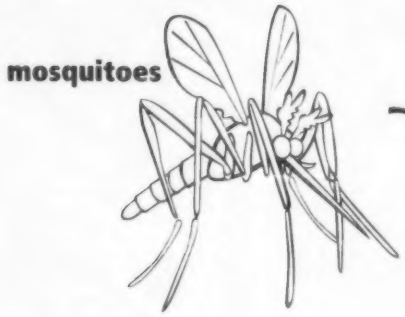
Germs cause STD:

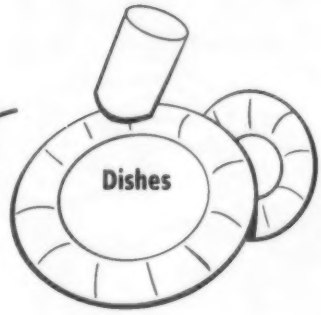
- Bacteria
- Viruses
- Parasites
- Fungi
- Protozoa

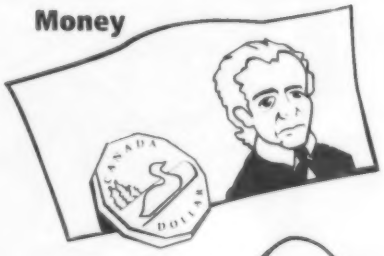
Environment required for growth and reproduction:

- Warmth
- Mucous lining
- Darkness
- Good blood supply
- Moisture

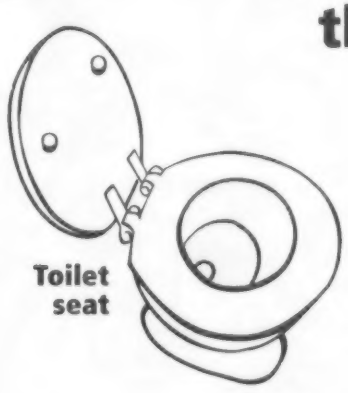
Myths of STD Transmission

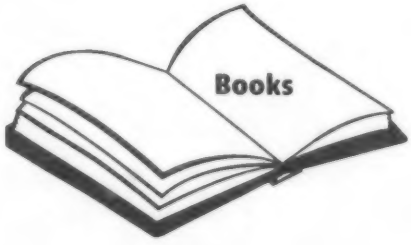






You DO NOT get STD from these things:

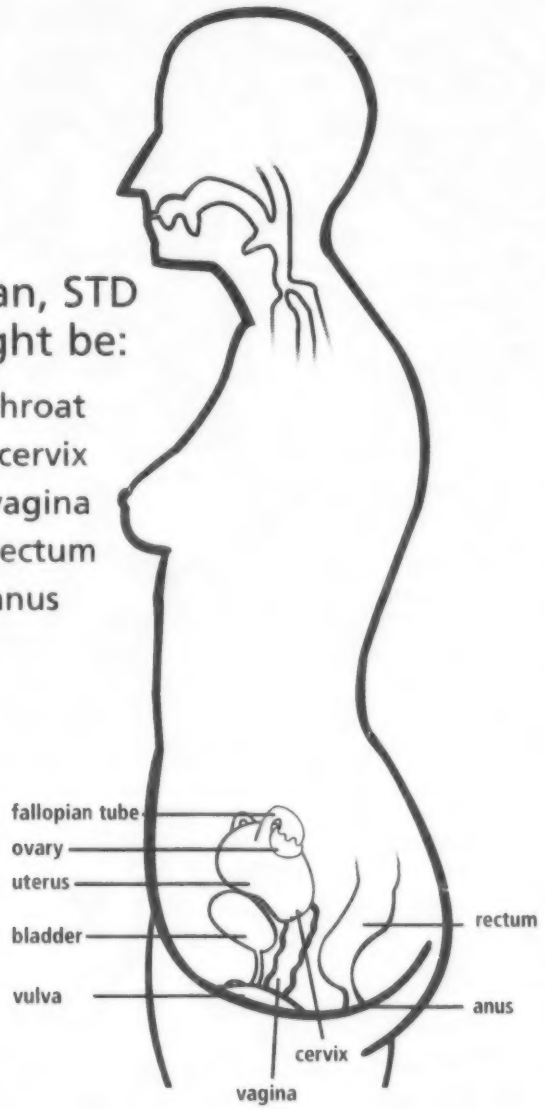




Female Anatomy

In a woman, STD germs might be:

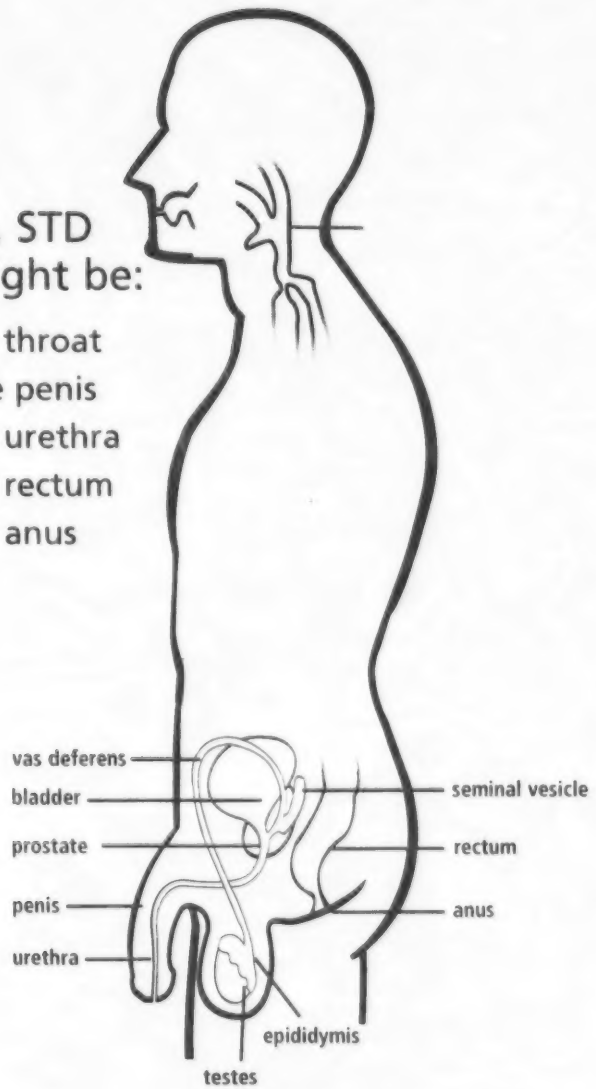
- in the throat
- on the cervix
- in the vagina
- in the rectum
- in the anus



Male Anatomy

In a man, STD germs might be:

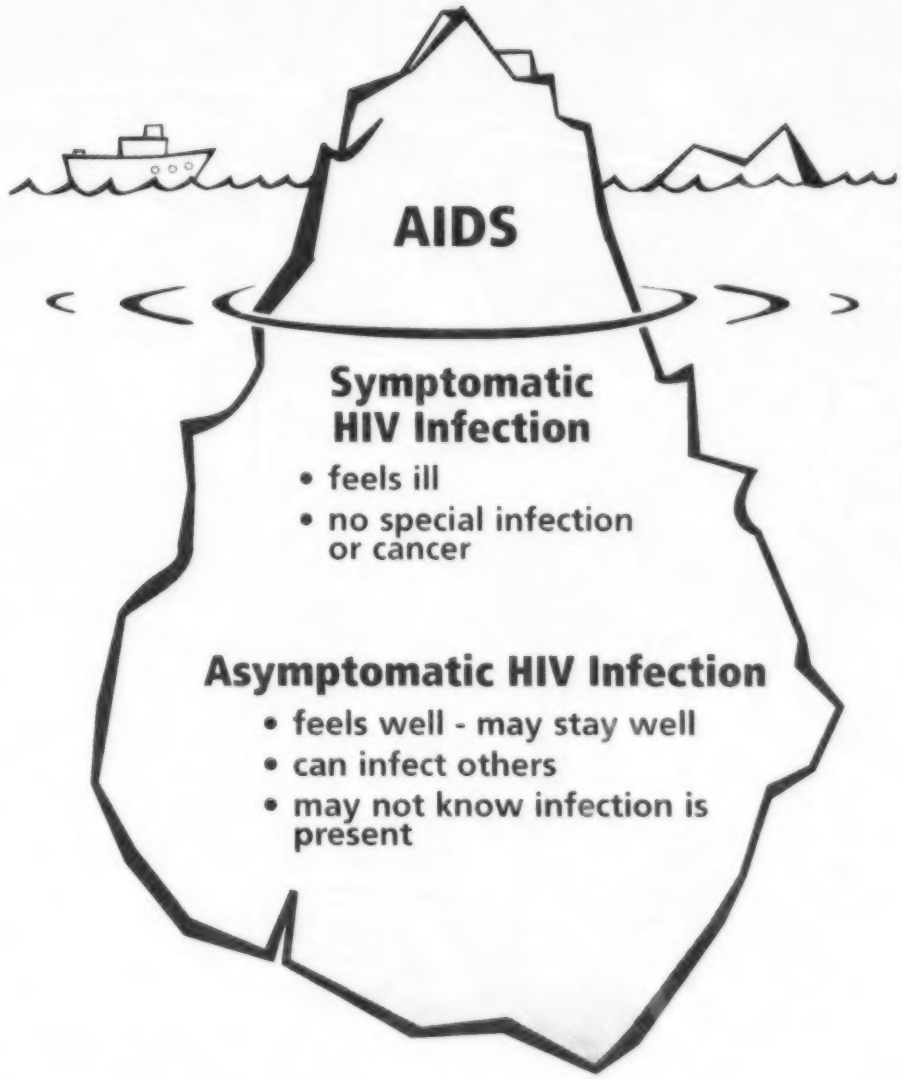
- in the throat
- on the penis
- in the urethra
- in the rectum
- in the anus



Symptoms and Signs of STD

* no symptoms or signs is common

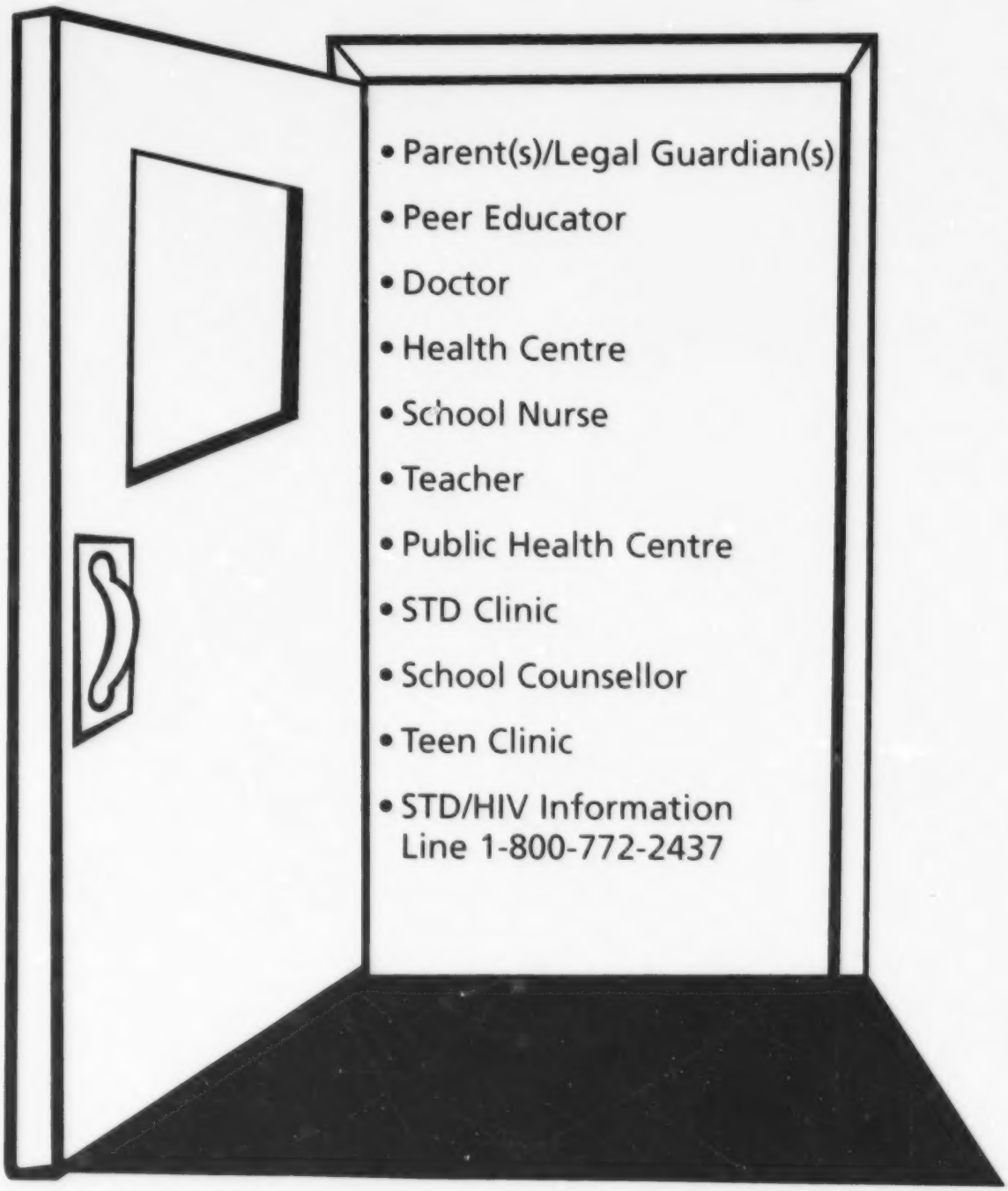
HIV Iceberg


AIDS
Symptomatic HIV Infection
• feels ill
• no special infection or cancer
Asymptomatic HIV Infection
• feels well - may stay well
• can infect others
• may not know infection is present

Complications of STD

- infertility (male and female)
- pelvic inflammatory disease (PID) in women
- epididymitis in men
- urinary tract complications
- arthritis
- genital cancer
- psychological impact

Where to go for help



STD/HIV Information Line

1-800-772-2437

in Alberta call toll-free 24 hours a day.

Managing STD

Five components of managing STD are:

Diagnosis

Treatment

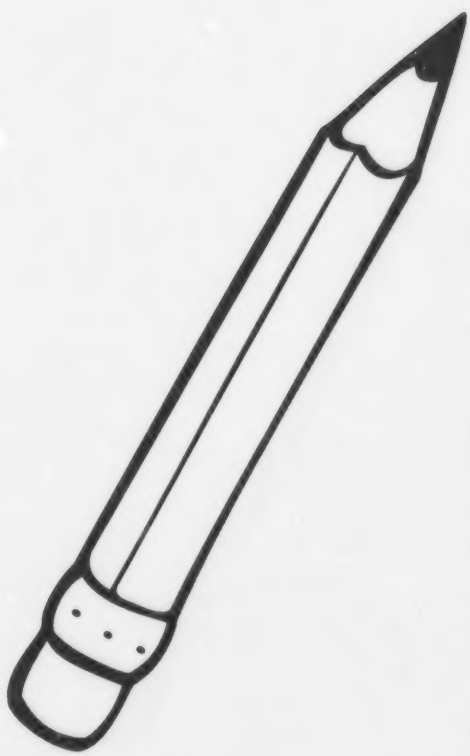
Follow-up care

Partner notification

Education

Preventing STD

Choices!



- ☐ Communication
- ☐ No IV drug use
- ☐ Safe needle use
- ☐ Education
- ☐ Condoms
- ☐ No sex
- ☐ Limit number of partners
- ☐ Delaying sexual activity
- ☐ Mutually monogamous relationships
- ☐ Regular STD checkups

Social Impact of STD

The balance of **individual rights** and **public good**

Diverse **attitudes** and **values** related to sexuality

Health **promotion** and prevention **education**

Societal **costs** - loss of productive years

Increased health care costs

Medical **research**